

LAW OFFICES OF JORDAN S. KATZ  
395 NORTH SERVICE RD, STE 401,  
MELVILLE, NY 11747  
631-454-8059

November 19, 2009

Shmuel Klein  
268 Route 59  
Spring Valley, NY 10977

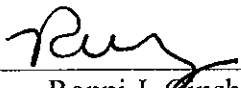
Re: Luigi Guarascio  
Case No.: 07-22413

Dear Mr. Klein:

Our office has received your loss mitigation request. Please complete the enclosed Financial Workout Package, as well as provide copies of your last 30 days paystubs and 2008 tax stubs as well. This information can be mailed to your loss mitigation contact Tiffany Owens at P.O. Box 65250, Salt Lake City, Utah 84165-0250. If you need to contact Tiffany Owens she can be reached at 801-594-6033.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,

By:   
Ronni J. Ginsberg, Esq.

# SELECT PORTFOLIO SERVICING

November 17, 2009

Luigi Guarascio  
7 Jodi Lane  
New City, New York 10956

RE: Financial Workout Package  
LOAN # 0011115078

Dear Borrower(s):

Thank you for inquiring as to programs that we have available to assist you. In order to determine how best to address your individual situation, we need to obtain information regarding your hardship and your current financial situation.

Please complete the enclosed financial form, filled out completely, and return it to the address or fax number below together with the following:

1. A brief letter outlining the events that led to your current hardship, and any proof documenting it, and your intentions toward the property.
2. Pay stubs for each borrower for the last month.
3. Copies of your most recent bank statements for each bank account for the last month.

Upon receipt of the entire package, we will be in touch with you to review your specific circumstances and discuss resolution of your loan. If we need additional documentation from you, we will instruct you in what you need to provide.

Remember that we need to obtain this information as soon as possible. It should be noted that all of our loan servicing efforts currently in progress will continue, while we evaluate your situation. It should also be noted that the fact that you are providing this information does not guarantee you of any assistance.

If you have any questions or concerns, please call (800) 258-8602. Please have your loan number available when you call for faster service.

Very truly yours,

Select Portfolio Servicing

3815 SOUTH WEST TEMPLE • SALT LAKE CITY, UTAH 84115-4412  
P.O. BOX 65250 • SALT LAKE CITY, UTAH 84165-0250  
TELEPHONE 800-258-8602 • FACSIMILE 801-269-4233

**SELECT PORTFOLIO SERVICING**

Loan Number:

Property Address:

Street	City	State	Zip	No. of Units
<b>PART A: BORROWER INFORMATION</b>				
Borrower Name	Social Security No.		Co-Borrower Name	Social Security No.
Borrower Phone No. Home:	Work:		Co-Borrower Phone No. Home:	Work:
Borrower Address		Co-Borrower Address		
City	State	ZIP	City	State ZIP
Employer	Position		Employer	Position
Employment Dates (from-to) / / - / /	Net Monthly Pay	Other	Employment Dates (from-to) / / - / /	Net Monthly Pay Other
Employer Address		Employer Address		
City	State	ZIP	City	State ZIP

<b>PART B: ASSETS</b>			
DESCRIPTION			NET VALUE
1	Cash		\$
2	Checking Accounts (s)		\$
3	Savings Accounts (s)		\$
4	Retirement Assets (401K, IRA, KEOGH)		\$
5	Other Real Estate*		\$
6	Automobiles		
	Make	Model	Year
			\$
			\$
			\$
7	Life Insurance (Cash Value)		\$
8	Personal Property		\$
9	Other Assets*		\$
10	Total Assets (Add lines 1-9)		\$
*Explain in detail or attach separate sheets			
<b>ASSET NOTES</b>			

3815 SOUTH WEST TEMPLE • SALT LAKE CITY, UTAH 84115-4412  
P.O. BOX 65250 • SALT LAKE CITY, UTAH 84165-0250  
TELEPHONE 800-258-8602 • FACSIMILE 801-269-4233

## Select Portfolio Servicing

Borrower Name		Social Security No.	Co-Borrower Name	Social Security No.
<b>PART C: SELF EMPLOYED / BUSINESS EXPENSES</b>				
<i>ITEM</i>			<i>MONTHLY PAYMENT</i>	
1				\$
2				\$
3				\$
4				\$
5				\$
Total Self Employment / Business Expenses				\$
<b>PART D: DEBTS</b>				
<i>DEBTS</i>		<i>BALANCE</i>	<i>PAYMENT</i>	
1	1 <sup>ST</sup> OR 2 <sup>ND</sup> Mortgage Payment	\$	\$	
2	Major Credit Cards	\$	\$	
3	Retail Credit Cards	\$	\$	
4	Income Tax repayment Plans	\$	\$	
5	Signature Loan	\$	\$	
6	Auto Loan	\$	\$	
7	Auto Loan	\$	\$	
8	Student Loans	\$	\$	
9	Student Loans	\$	\$	
10	School	\$	\$	
11	Other: Car Insurance	\$	\$	
12	Other:	\$	\$	
13	HOA, PUD Spec. Assessments	\$	\$	
14	Support Payments	\$	\$	
15	Religious Contributions	\$	\$	
16	Water / Sewer	\$	\$	
17	Vehicle Fuel	\$	\$	
18	Vehicle Maintenance	\$	\$	
19	Heating	\$	\$	
20	Homeowners Fees	\$	\$	
21	Homeowners Insurance	\$	\$	
22	Property Taxes	\$	\$	
23	Childcare	\$	\$	
24	Health Insurance	\$	\$	
25	Medical Expenses	\$	\$	
26	Groceries	\$	\$	
27	Telephone	\$	\$	
28	Electricity	\$	\$	
29	Cable TV	\$	\$	
Total Debt Less House Payment		\$	\$	
Payment to Select Portfolio Servicing		\$	\$	
Total Debts		\$	\$	
<b>ADJUSTMENTS &amp; COMMENTS</b>				
1				\$
2				\$
3				\$
Total Debt and Adjustments				\$

3815 SOUTH WEST TEMPLE • SALT LAKE CITY, UTAH 84115-4412  
P.O. BOX 65250 • SALT LAKE CITY, UTAH 84165-0250  
TELEPHONE 800-258-8602 • FACSIMILE 801-269-4233

**Home Affordable Modification Program Hardship Affidavit**

Borrower Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Co-Borrower Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Property Street Address: \_\_\_\_\_  
 Property City, ST, Zip: \_\_\_\_\_  
 Servicer: \_\_\_\_\_  
 Loan Number: \_\_\_\_\_

In order to qualify for \_\_\_\_\_'s ("Servicer") offer to enter into an agreement to modify my loan under the federal government's Home Affordable Modification Program (the "Agreement"), I/we am/are submitting this form to the Servicer and indicating by my/our checkmarks ("✓") the one or more events that contribute to my/our difficulty making payments on my/our mortgage loan.

Borrower  
 Yes ☐ No ☐ Co-Borrower  
 Yes ☐ No ☐

My income has been reduced or lost. For example: unemployment, underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings. I have provided details below under "Explanation."

Yes ☐ No ☐ Yes ☐ No ☐

My household financial circumstances have changed. For example: death in family, serious or chronic illness, permanent or short-term disability, increased family responsibilities (adoption or birth of a child, taking care of elderly relatives or other family members). I have provided details below under "Explanation."

Yes ☐ No ☐ Yes ☐ No ☐

My expenses have increased. For example: monthly mortgage payment has increased or will increase, high medical and health-care costs, uninsured losses (such as those due to fires or natural disasters), unexpectedly high utility bills, increased real property taxes. I have provided details below under "Explanation."

Yes ☐ No ☐ Yes ☐ No ☐

My cash reserves are insufficient to maintain the payment on my mortgage loan and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market funds, marketable stocks or bonds (excluding retirement accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments). I have provided details below under "Explanation."

Yes ☐ No ☐ Yes ☐ No ☐

My monthly debt payments are excessive, and I am overextended with my creditors. I may have used credit cards, home equity loans or other credit to make my monthly mortgage payments. I have provided details below under "Explanation."

Yes ☐ No ☐ Yes ☐ No ☐

There are other reasons I/we cannot make our mortgage payments. I have provided details below under "Explanation."

**Information for Government Monitoring Purposes**

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. **If you do not wish to furnish the information, please check the box below.**

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information		<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	
<b>Ethnicity:</b> <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>Ethnicity:</b> <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>To be Completed by Interviewer</b>		Interviewer's Name (print or type)	
This application was taken by:		Interviewer's Signature      Date	
<input type="checkbox"/> Face-to-face interview		Interviewer's Phone Number (include area code)	
<input type="checkbox"/> Mail			
<input type="checkbox"/> Telephone			
<input type="checkbox"/> Internet			
		Name/Address of Interviewer's Employer	

**Borrower/Co-Borrower Acknowledgement and Agreement**

- Under penalty of perjury, I/we certify that all of the information in this affidavit is truthful and the event(s) identified above has/have contributed to my/our need to modify the terms of my/our mortgage loan.
- I/we understand and acknowledge the Servicer may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal law.
- I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this Hardship Affidavit, or if I/we do not provide all of the required documentation, the Servicer may cancel the Agreement and may pursue foreclosure on my/our home.
- I/we certify that my/our property is owner-occupied and I/we have not received a condemnation notice.
- I/we certify that I/we am/are willing to commit to credit counseling if it is determined that my/our financial hardship is related to excessive debt.
- I/we certify that I/we am/are willing to provide all requested documents and to respond to all Servicer communication in a timely manner. I/we understand that time is of the essence.

8. I/we understand that the Servicer will use this information to evaluate my/our eligibility for a loan modification or other workout, but the Servicer is not obligated to offer me/us assistance based solely on the representations in this affidavit.
9. I/we accept and agree to all terms of the Home Affordable Modification Trial Period ("Trial Period") Plan which is incorporated herein by reference as if set forth in full.
10. I/we agree that when the Servicer accepts and posts a payment during the Trial Period it will be without prejudice to, and will not be deemed a waiver of, the acceleration of my loan or foreclosure action and related activities and shall not constitute a cure of my default under my loan unless such payments are sufficient to completely cure my entire default under my loan.
11. I/we agree that any prior waiver as to payment of escrow items in connection with my loan has been revoked.
12. I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on my loan.
13. I/we understand that Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of the Trial Period Plan and Modification Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services for the Home Affordable Modification Program and the Second Lien Modification Program; and (e) any HUD certified housing counselor.

Borrower Signature _____	Date _____	Co-Borrower Signature _____	Date _____
E-mail Address: _____		E-mail Address: _____	
Cell Phone # _____		Cell Phone # _____	
Home Phone # _____		Home Phone # _____	
Work Phone # _____		Work Phone # _____	
Social Security # _____		Social Security # _____	

Explanation:

Explanation (Continued):



Form **4506-T****Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution:** **DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

- 6** Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a** Return Transcript, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. ☐
- b** Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days. ☐
- c** Record of Account, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days. ☐
- 7** Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Most requests will be processed within 10 business days. ☐
- 8** Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days. ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9** Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ( )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form **4506-T** (Rev. 1-2008)